

EXHIBIT-A

*Document not offered by any of the
defendants.*

INMATE REQUEST / GRIEVANCE

NAME CARROLL, William D. BLOCK B DATE 6/21/06
TELEPHONE ☐ ALL ☐ CUSTODY CHANGE ☐ PERSONAL PROBLEMS
SPECIAL VISIT ☐ TIMESHEET ☐ GRIEVANCE ☒ OTHER Nurse Cain

BRIEFLY OUTLINE YOUR REQUEST/GRIEVANCE THEN PRESENT TO A C O

IF REQUEST PLEASE CHECK TO WHOM IT IS DESIRED TO
☐ SHERIFF ☐ CHIEF JAILER ☐ JAILER ☐ RECORDS OFFICE ☐ CHAPLAIN

IF THIS IS A GRIEVANCE STATE THE PARTIES INVOLVED AND NAMES OF WIT
APPLICABLE

After being told I have an abscessed
tooth and put on medication. How
long will it be before I see a dentist?
Do you have a certain time limit?

William D. Carroll
6/21/06

SECTION BELOW THIS LINE FOR REPLY ONLY

☐ APPROVED ☐ DENIED ☐ PAY PHONE ☐ COLLECT ☐ OTHER

We have a long dental list - will
be sent when it is your turn.
You were offered to go on 1/4/06
+ again on 2/1/06. Your name
is removed when you refuse
Thank You -

Annette Carr
for NTA
6/21/06